UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND		
1 Date of Request: 8/6/05	**2** Serial/Patent # **10/518 615**	

3 Please refund the following fee(s):	**4 PAPER NUMBER**	**5 DATE FILED**	**6 AMOUNT**
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$50.00

8 TO BE REFUNDED BY:

	Treasury Check
	Credit Deposit A/C #:
9	1 3 -- 2 4 9 0

10 REASON:

	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ PHONE: _____

OFFICE: _____

Repln. Ref: 08/08/2005 BCAMPBEL 00101835000
DAA:132490   Name/Number:10518615

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)